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**Texas Department of Agriculture**  
**Handling and Marketing of Perishable Commodities**  
**Schedule A**

**RPC-401**

TODD STAPLES, COMMISSIONER

<b>SECTION A</b>	<b><sup>1</sup> VERIFICATION INFORMATION</b>	
	Full Legal Business Name	D.B.A. (if applicable)
	Facility Name	Comptroller ID (in-state)
	Social Security No. (for sole proprietors only) - -	Federal Taxpayer ID (out-of-state)

<b>SECTION B</b>	<b><sup>1</sup> BOARD OF DIRECTORS OR PARTNERS</b>				
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> ____	First Name	M. I.	Last Name	
	Address				
	City	State	Zip	Title	
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> ____	First Name	M. I.	Last Name	
	Address				
	City	State	Zip	Title	
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> ____	First Name	M. I.	Last Name	
	Address				
	City	State	Zip	Title	
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> ____	First Name	M. I.	Last Name	
	Address				
	City	State	Zip	Title	

Legal Business Name \_\_\_\_\_

SECTION C	<b><sup>1</sup> OFFICERS</b>				
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> ____	First Name	M. I.	Last Name	
	Address				
	City	State	Zip	Title	
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> ____	First Name	M. I.	Last Name	
	Address				
	City	State	Zip	Title	
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> ____	First Name	M. I.	Last Name	
	Address				
	City	State	Zip	Title	
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> ____	First Name	M. I.	Last Name	
	Address				
	City	State	Zip	Title	

SECTION D	<b><sup>1</sup> STOCKHOLDERS OF MORE THAN 25%</b>			
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> ____	First Name	M. I.	Last Name
	Address			
	City	State	Zip	
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> ____	First Name	M. I.	Last Name
	Address			
	City	State	Zip	

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HMPC  
Regulatory Division

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Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Revised 10/07/02